

EARLY SYPHILIS*

A CASE WITH SOME UNUSUAL FEATURES

BY

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A shorthand typist aged 21 years, first attended the clinic on August 28, 1957. Her fiancé had attended on the previous day with a penile sore in which *T. pallidum* had been found; this infection had been acquired in Spain about a month previously, and the patient had had intercourse with her fiancé 6 days before her first attendance.

Clinical examination showed no abnormality and the blood Wassermann reaction and Kahn test were negative. Further examinations and blood tests were negative on September 3, 10, 17, and 24, and on October 3 and 11.

November 1.—The blood Wassermann reaction was slightly positive (\pm —) with a weak positive Kahn test, but there were no clinical signs of infection.

November 6.—Serological tests showed the Wassermann reaction to be slightly positive (\pm —) and the Kahn test positive. On this date a small superficial erosion was seen near the cervical os but *T. pallida* were not found.

November 12.—The cervix was again normal, and the serological reactions unchanged, but there was a faint rash on the abdomen and the front of the thighs very suggestive of an early roseolar syphilide except that it was irritating. Apart from a mild facial acne there was no sign or history of skin trouble and there was no evidence of scabies.

November 15.—The rash was unaltered, the cervix was normal, and examination of the cervical mucus showed no *T. pallidum*.

November 19.—There was a generalized roseolar rash with lesions on the palms. The patient—an intelligent girl—said the whole rash was irritating. There were no lesions of the mucous membranes and no evidence of any primary lesion. Blood was taken for serological tests and an injection of 600,000 units procaine penicillin was given intramuscularly. The patient said that 5 hrs after this injection the rash became much more extensive and florid and there was swelling of the glands on both sides of the neck and in the axillae. This phase lasted for about 6 hrs with intense skin irritation and then began rapidly to improve. The blood Wassermann reaction was returned ++ with a positive Kahn test.

Anti-syphilitic treatment was continued and subsequent progress to date has been uneventful. By November 22 the rash had completely disappeared.

Comment

While the absence of any clinical evidence of a primary lesion is not exceptional, there are several points of interest in this case:

- (1) The rather slow swing of the Wassermann reaction from negative to positive.
- (2) The weak positive Wassermann reaction in the presence of a secondary rash.
- (3) The irritating nature of the rash.
- (4) The confirmation of the clinical diagnosis by a Herxheimer reaction before the final serological report became available.

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